PART B - FEE(S) TRANSMITTAL



Complete and send this form together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(E)			or <u>Fax</u>	(703) 746-4000		
INSTRUCTIONS: The for appropriate. All further con indicated unless corrected	rm should be used for tran respondence including the I below or directed otherwise	smitting the ISSU Patent, advance ord in Block I, by (a)	E FEE and PUBLI ders and notification specifying a new	CATION FEE (if require of maintenance fees vectorrespondence address	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
maintenance fee notification CURRENT CORRESPONDENCE	1S. E ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of	mailing can only be used f	For domestic mailings of the
00832 7590 02/14/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
BAKER & DAN					rtificate of Mailing or Tran	
111 E. WAYNE STREET SUITE 800 FORT WAYNE, IN 46802				I hereby certify that the States Postal Service vaddressed to the Mai	nis Fee(s) Transmittal is bein	ng deposited with the United rst class mail in an envelope s above, or being facsimile
/17/2005 JBALINA2 0000			Noschwartz	(Depositor's name)		
FC:2501	700.00 DP			Mela	XXX	(Signature)
FC:1504 300.00 dP				May 13, 2	2005	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/085,333	02/28/2002		Robert L. Meye	r	MBC0001	8503
	RECAST CONCRETE COL				-	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700 		\$300	\$1000	05/16/2005
EXAMINER		ART UNIT		LASS-SUBCLASS		
HORTON, YVO	NNE MICHELE	3635		052-299000		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	RESIDENCE DATA TO B	E PRINTED ON T				
			••	•• /	ee is identified below, the c	document has been filed for
(A) NAME OF ASSIGN	EE	(B)	RESIDENCE: (CI	ΓΥ and STATE OR CO	JNTRY)	
Perma-Column	n, Inc:	,	Craigville, Indiana USA			
Please check the appropriate	assignee category or categor	ries (will not be pri	nted on the patent):	☐ Individual ☐ C	orporation or other private gr	oup entity Government
4a. The following fee(s) are	enclosed:	4b.	Payment of Fee(s):		* ****	
Issue Fee	A check in the amount of the fee(s) is enclosed.					
Publication Fee (No s	Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of	Copies		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02 0385 hereby energy (enclose an extra copy of this form).			
	(from status indicated above MALL ENTITY status. See 3		b. Applicant is n	o longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Page	e Fee and Publicati rill not be accepted nt and Trademark (on Fee (if any) or to from anyone other to Office.	re-apply any previousl han the applicant; a regi	y paid issue fee to the application stered attorney or agent; or t	ation identified above. he assignee or other party in
Authorized Signature	Muleul D.	100	· ·		ay 13, 2005	
Typed or printed name	Michael D.	Schwart	<u>z</u>	Registration	No. 44,326	
This collection of informatio	n is required by 37 CFD 1 21	1 The information	is required to obtai	n or retain a benefit but	ha nublic which is to file (on	d by the LISPTO to process

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.311. In enformation is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.